

2701

Every
N. B.—WRITE IN INK, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every
item of information should be carefully supplied. AGE should be properly
classified. Exact statement of OCCUPATION is very important. See instructions on back
of certificate.

STANDARD CERTIFICATE OF DEATH		ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH		State <u>Arizona</u>		State File No. <u>606</u>	
County <u>Maricopa</u>		or Village		Registered No. <u>606</u>	
Township		No. <u>Good Samaritan Hospital</u>		St. <u>129</u>	
City <u>Phoenix</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number)		Ward	
Length of residence in city or town where death occurred <u>20</u> yrs. <u>0</u> mos. <u>0</u> ds.		How long in U.S. if of foreign birth? <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds.			
2. FULL NAME <u>Lon L. Harmon</u>		St. <u>129</u>		Ward	
(a) Residence: No. <u>801 N. 1st Avenue</u>		(Usual place of abode)		(If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>Married</u>			
<u>Male</u>	<u>White</u>				
6a. If married, widowed, or divorced					
HUSBAND of <u>Edeth Kay Harmon</u>					
(or) WIFE of <u>unknown</u>					
6. DATE OF BIRTH (month, day, and year)					
7. AGE <u>about 70</u>					
8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>					
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>West Virginia</u>					
(state or country)					
13. NAME <u>Thomas Harmon</u>					
14. BIRTHPLACE (city or town)					
(State or country)					
15. MAIDEN NAME <u>Mary Frances Newman</u>					
16. BIRTHPLACE (city or town)					
(State or country)					
17. INFORMANT					
(Address)					
18. BURIAL, CREMATION, OR REMOVAL					
Place <u>Greenwood Cem.</u> Date <u>May 6, 1933</u>					
19. UNDERTAKER <u>A. H. McLellan</u>					
(Address) <u>Phoenix</u>					
20. Filed <u>5-13-33</u>					
21. DATE OF DEATH (month, day, and year) <u>May 4, 1933</u>					
22. I HEREBY CERTIFY That I attended deceased from <u>Jan 7, 1933</u> to <u>May 4, 1933</u>					
I last saw h. <u>alive</u> on <u>May 4, 1933</u> death is said to have occurred on the date stated above, at <u>11</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Arteriosclerosis, following prostate</u> Date of onset <u>4/29/33</u>					
<u>hypertension</u>					
Other contributory causes of importance:					
<u>Pneumonia, Cerebral hemorrhage, and Heart failure</u> Date of onset <u>4/29/33</u>					
Name of operation <u>Prostate resection</u> Date of <u>4/28/33</u>					
What test confirmed diagnosis <u>autopsy</u> Was there an autopsy? <u>Yes</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>Yes</u> Date of injury <u>19</u>					
Where did injury occur? <u>(Specify city or town, county and State)</u>					
Specify whether injury occurred in <u>industry, in home, or in public place.</u>					
Manner of injury <u>Yes</u>					
Nature of injury <u>Yes</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>Yes</u>					
If so, specify (Signed) <u>J. P. Connelley</u> M. D.					
(Address) <u>910 Broadway St.</u>					